



State of Alaska

Senior and Disabilities Services

Harmony Data System Training Guide

T26A | LTC Reauthorization for Providers

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Document Tracking

Version	Author/Editor	Date	Description
1.0	James Farrell, Dale Beplay/Trevor Atwood	09/07/2018	Initial draft
1.1	James Farrell	09/09/2018	Updated Draft after review with SDS

Introduction | LTC Reauthorization Training Guide

Summary

This training guide covers workflow processes for Long Term Care (LTC) reauthorization and authorization changes in the SDS Harmony data system.

If the Consumer requires a modification to the LTC Authorization and transfer to a new facility, the LTC Referral Specialist will request access to a consumer record via a Harmony inquiry. Once access is gained, they will enter an LTC Authorization Request form. The SDS LTC Staff will review authorization requests, create reauthorizations, and submit authorizations to the Alaska MMIS.

Chapter 1 | LTC Reauthorization

Chapter Introduction

A consumer is generally authorized for a six-month placement in an LTC facility. When the LTC authorization is approaching the end date, a request for reauthorization is initiated. This chapter covers steps to request reauthorization and entering the Harmony authorization and authorized service.

Learning Objectives for Chapter 1 LTC Reauthorization

- ✓ Identify LTC Authorizations set to expire
- ✓ Request LTC Reauthorization

LTC Referral Specialist Requests Reauthorization

1. (If the LTC Referral Specialist does not already have access to the Consumer record) LTC Referral Specialist – Monitors My Harmony for Consumer Access decisions from SDS
 - a. Select **Role** = LTC Referral Specialist and click **Go**
 - b. On the **My Harmony** home page, in the **Consumer** column, under the **Notes** header, click **Complete** item to open the list in a new window
 - c. From the Notes list, select Note Type = **Access to Consumer Record**
 - i. *Review note for name of Consumer and Note Type = Access to Consumer Record*

Consumer ▲	Note Type	Note Date	Note Sub Type	Status
Rogers, Princeton	Access to Consumer Record	07/07/2017	Approved	Complete

[Sending Note to LTC Referral Specialist](#)

File Tools

Notes

Notes Recipients

Note Details

Division * SDS

Note By * Chambliss, Pam

Note Date * 07/07/2017

Program

Note Type * Access to Consumer Record *

Note Sub-Type Approved

Description

Note

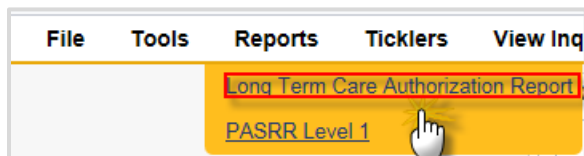
Due Date

Status * Complete

Date Completed 07/07/2017

Notes screen: Note Type = Access to Consumer Record

2. LTC Referral Specialist – Accesses the Consumer record and complete Request Reauthorization
 - a. Select **Role** = LTC Referral Specialist and click **Go**
 - b. Click the **Consumers** Chapter
 - c. Enter the last name of the consumer in the Quick Search and click **Go**
 - d. From the Quick Search list, select the Consumer
 - e. Complete the LTC Authorization – External Form
 - i. Click **Forms** tab (If the Form is already in Harmony, the user will click to open the LTC Authorization – External Form, and from the File menu, click **Duplicate Assessment** – the proceed to step 2.e.iii)
 - ii. On **File** menu, click **Add Forms**
 - iii. Set Please Select Type = 'LTC Authorization – External'
 1. Set Cycle = 'Renewal'
 2. Set Status = 'Complete'
 3. Set Division = 'SDS'
 4. Set Program = 'LTC Facility'
 5. Complete LTC Authorization - External form
 6. On the **File** menu, select **Save and Close Forms**
 7. Ticklers sent to SDS Reviewer/Program Specialist to 'Review LTC Authorization - External form'
 - f. Print LTC Auth Report
 - i. On the **Reports** tab, select **Long Term Care Authorization Report**




- ii. On the Toolbar, click the Export drop down menu (disk icon) and click **PDF** to export the report to PDF

HTML Export

1 of 5 Find | Next

Long Term Care Authorization Report

 State of Alaska • Department of Health and Social Services

This form may be completed by hospital discharge staff or a person responsible for initial admission, or by LTC facility staff if individual is already a resident. The information provided must be accurate and complete. Senior and Disabilities Services (SDS) cannot process incomplete forms. SDS uses the information on this form to comply with LTC placement and payment determinations. All information requested on this form is required.

Section 1: Identifying Information

Name of Individual Test, Test AniTestOfMobileAssessment		Alaska Native/American Indian Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
DOB: 01/10/1962	Medicaid #: 1234567890a	Address (Street, City, Zip): 111 1st Avenue Anchorage, AK 99501	Telephone Number: (888)555-1212
Name of Individual's referring provider:	Does Referring Provider Work for a Tribal Health Organization Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of THO:

Applicant	Resident
<input checked="" type="checkbox"/> New Admission <input type="checkbox"/> Inter-Facility Transfer (from one facility to another) <input type="checkbox"/> Retroactive Medicaid (was initially admitted under alternative payment source and now has Medicaid) Date of Discharge or DOD (if applicable):	<input type="checkbox"/> Continued Placement <input type="checkbox"/> Significant Change (Resident Review) <input type="checkbox"/> Condition Improvement – LOC from SNF to ICF <input type="checkbox"/> Condition Decline – LOC from ICF to SNF <input type="checkbox"/> New Diagnosis

Long Term Authorization Report

- iii. The report will open as a PDF
 iv. Print Report (*outside Harmony*)
 v. Close Report

3. Scan the signed LTC Authorization to local or shared drive (*outside Harmony*)
4. LTC Referral Specialist – Accesses the Consumer record and complete Submits Signed LTC Authorization Form
 - a. Click the **Consumers** Chapter
 - b. Enter the last name of the consumer in the Quick Search and click **Go**
 - c. From the Quick Search list, select the Consumer
 - d. Click **Notes** tab
 - e. On **File** menu, click **Add Notes**
 - i. Set Division = 'SDS'
 - ii. Set Program = 'LTC Facility'
 - iii. Set Note Type = 'Long Term Care Authorization'
 - iv. Set Note Sub-Type = 'Reauthorization - Submitted'
 - v. Set Status = 'Pending'
 - vi. Set Note Date = 'Dates of new Authorization Requested'

Note Details

Case No

Division * SDS

Note By * Harper, Bryce [Details](#)

Note Date * 09/07/2018

Program LTC Facility [Details](#)

Note Type * Long Term Care Authorization *

Note Sub-Type Reauthorization - Submitted

Description

Note

Authorized for 10/1/2018 - 12/31/2017

Due Date

Status * Pending

[Note Details Page](#)

- vii. Choose LTCA documentation, as well as all required documentation and Add as Attachment
- viii. On **File** menu, click **Save and Close Notes**

SDS Staff Review and Approves Reauthorization Request



SDS LTC Staff will notify the LTC Referral Specialist two ways of the approval:

- Note Sub-Type = LTC RN Review – Signed
- Tickler 'Signed/PASRR Determination/Request for Segment Control Number'

If the Reauthorization is incomplete, the LTC Referral Specialist will be notified via:

- Note Sub-Type = Reauthorization – Incomplete

- Tickler 'Reauthorization Submission Incomplete'

Chapter 2 | LTC Authorization Modification

Chapter Introduction

This chapter will cover steps to make corrections and modifications to an LTC authorization. If an LTC application was authorized incorrectly, then the LTC Senior Services Tech will correct the approved authorization. If the application was submitted incorrectly, then the LTC Senior Services Tech will modify the approved authorization.

Modification Scenarios:

1. Retroactive authorization
2. Void and replace
3. Transfer to a different facility
4. Discharge from the facility
5. Death of a participant
6. Resident Review

Correction Scenarios:

1. Authorization end date correction
2. Level of Care change

Learning Objectives for Chapter 24 LTC Authorization Modification

- ✓ Distinguish between a modification and a correction
 - ✓ Modify an LTC Authorization
 - ✓ Correct an LTC Authorization
-

Notifications of Modified Authorization



SDS LTC Staff Notifies LTC Referral of Modifications to Auth

All Modifications will be communicated to the LTC Referral Specialist via Note Sub-Type LTC Segment Number Issued and Tickler Authorized Segment Control Number

Section 1 – Facility Transfer

1. Discharging LTC Referral Specialist – Completes Note Sub-Type Discharge/Disenrollment and proceed to Case Closure Process
2. Admitting LTC Referral Specialist – Submits LTC Inquiry and Application Process (*see Chapter 1 and Chapter 2*)

Section 2 – Facility Discharge

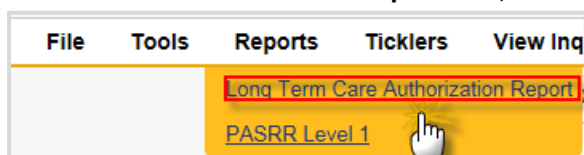
1. LTC Referral Specialist – Completes Note Sub-Type Discharge/Disenrollment and proceed to Case Closure Process (*see Section 6 Case Closure*)

Section 3 – Death of a Participant

1. LTC Referral Specialist – Completes Note Sub-Type Discharge/Disenrollment and proceed to Section 9 Case Closure Process (*see section 6 Case Closure*)

Section 4 – Level of Care Change

1. LTC Referral Specialist – Submits Request in Harmony for Change in Level of Care
 - a. Select **Role** = LTC Referral Specialist and click **Go**
 - b. Click the **Consumers** Chapter
 - c. Enter the last name of the consumer in the Quick Search and click **Go**
 - d. From the Quick Search list, select the Consumer
 - f. Complete the LTC Authorization – External Form
 - i. Click **Forms** tab
 - ii. On **File** menu, click **Add Forms**
 - iii. Set Please Select Type = 'LTC Authorization – External'
 1. Set Cycle = 'Initial'
 2. Set Status = 'Complete'
 3. Set Division = 'SDS'
 4. Set Program = 'LTC Facility'
 5. Complete LTC Authorization - External form
 6. On the **File** menu, select **Save and Close Forms**
 7. *Ticklers sent to SDS Reviewer/Program Specialist to 'Review LTC Authorization - External form'*
 - g. Print LTC Auth Report
 - i. On the **Reports** tab, select **Long Term Care Authorization Report**



- ii. On the Toolbar, click the Export drop down menu (disk icon) and click **PDF** to export the report to PDF

Long Term Care Authorization Report

State of Alaska • Department of Health and Social Disabilities Services

This form may be completed by hospital discharge staff or a person... for initial admission, or by LTC facility staff if individual is already a resident. The information provided must be accurate and complete. Senior and Disabilities Services (SDS) cannot process incomplete forms. SDS uses the information on this form to comply with LTC placement and payment determinations. All information requested on this form is required.

Section 1: Identifying Information

Monroe, Marilyn

DOB: 07/06/1932 Medicaid #: Telephone Number: (907)244-1234

Address (Street, City, Zip): 7676 Ashley Avenue
Anchorage, AK 99501

Applicant	Resident
<input checked="" type="checkbox"/> New Admission <input type="checkbox"/> Inter-Facility Transfer (from one facility to another) <input type="checkbox"/> Retroactive Medicaid (was initially admitted under alternative payment source and now has Medicaid) Date of Discharge or DOD (if applicable):	<input type="checkbox"/> Continued Placement <input type="checkbox"/> Significant Change (Resident Review) <input type="checkbox"/> Condition Improvement – LOC from SNF to ICF <input type="checkbox"/> Condition Decline – LOC from ICF to SNF <input type="checkbox"/> New Diagnosis

Long Term Authorization Report

- iii. The report will open as a PDF
 - iv. Print Report (*outside Harmony*)
 - v. Close Report
2. Scan the signed LTC Authorization to local or shared drive (*outside Harmony*)
 3. LTC Referral Specialist – Accesses the Consumer record and complete Submits Signed LTC Authorization Form
 - a. Click the **Consumers** Chapter
 - b. Enter the last name of the consumer in the Quick Search and click **Go**
 - c. From the Quick Search list, select the Consumer
 - d. Click **Notes** tab
 - e. On **File** menu, click **Add Notes**
 - i. Set Division = 'SDS'
 - ii. Set Program = 'LTC Facility'
 - iii. Set Note Type= 'Long Term Care Authorization'
 - iv. Set Note Sub-Type = 'Level of Care Change - Submitted'
 - v. Attach signed LTCA Form
 - vi. Set Status = 'Pending'
 - f. On **File** menu, click **Save and Close Notes**

Section 5 – Resident Review

1. LTC Referral Specialist – Submits Request in Harmony for Resident Review
 - a. Select **Role** = LTC Referral Specialist and click **Go**
 - b. Click the **Consumers** Chapter
 - c. Enter the last name of the consumer in the Quick Search and click **Go**
 - d. From the Quick Search list, select the Consumer
 - e. Complete the PASRR Level 1 Form
 - i. Click **Forms** tab
 - ii. On **File** menu, click **Add Forms**
 - iii. Set Please Select Type = 'PASRR Level 1' Form
 1. Set Cycle = 'Initial'
 2. Set Status = 'Complete'
 3. Set Division = 'SDS'
 4. Set Program = 'LTC Facility'
 5. Complete PASRR Level 1
 6. On the **File** menu, select **Save and Close Forms**
 - h. Print PASRR Level 1 Report
 - i. On the **Reports** tab, select **PASRR Level 1**
 - ii. On the Toolbar, click the Export drop down menu (disk icon) and click **PDF** to export the report to PDF
 - iii. The report will open as a PDF
 - iv. Print Report (*outside Harmony*)
 - v. Close Report
2. Scan the signed PASRR Level 1 to local or shared drive (outside Harmony)
3. LTC Referral Specialist – Accesses the Consumer record and complete Submits Signed LTC Authorization Form
 - a. Click the **Consumers** Chapter
 - b. Enter the last name of the consumer in the Quick Search and click **Go**
 - c. From the Quick Search list, select the Consumer
 - d. Click **Notes** tab
 - e. On **File** menu, click **Add Notes**
 - i. Set Division = 'SDS'
 - ii. Set Program = 'LTC Facility'
 - iii. Set Note Type= 'Long Term Care Authorization'
 - iv. Set Note Sub-Type = 'Resident Review - Submitted'
 - v. Attach signed PASRR Level 1 Form
 - vi. Set Status = 'Pending'
 - f. On **File** menu, click **Save and Close Notes**

Section 6 – Case Closure for Active Consumers

When a consumer has lost eligibility, voluntarily withdraws from the program, has died, or has a denial upheld by Fair Hearing, the case closure process must be followed.

1. LTC Referral Specialist Notifies SDS of Consumer Closure
 - a. Locate the Consumers Record
 - b. Click the **Notes** tab

- c. On the **File** menu, click **Add Note**
 - i. Set Division = 'SDS'
 - ii. Set Program = Program being closed
 - iii. Set Note Type = 'Consumer Communication-External'
 - iv. Set Note Sub-Type = 'Discharge/Disenrollment'
 - v. Enter Description = A short description explaining why the need for closure
 - vi. Enter Note = Long description of the need to close, and why
 - vii. Set Status = 'Pending'
- d. On the **File** menu, click **Save and Close Note**

**Tip**

The Note Sub-Type 'Discharge/Disenrollment' can be created by both State Staff and Provider users. This note is a source of information to capture information for the basis of the closure.

Note Type *	Consumer Communication-External
Note Sub-Type	Discharge/Disenrollment
Description	
Note	being discharged due to change of level of function
Due Date	
Status *	Pending

Note Details

**Practice Exercise #15**

1. Using the role of LTC Referral Specialist, create a Note Type of Consumer Communication-External and a Note Sub-Type of Discharge/Disenrollment with a Status of Pending.

**SDS Staff – Reviews Disenrollment Notice, Updates Authorizations and Completes the Closure Process**

- Reviews Disenrollment Notice
- Staff Updates Authorization
- Completes Closure Process

Chapter 3 | LTC Inquiry

Learning Objectives for Chapter 31 LTC Inquiry

- ✓ Request access to apply for LTC
- ✓ Add the consumer as a Person Seeking Supports participant

LTC Referral Specialist Adds a Provider Request Inquiry

1. Discharge Planner – Adds a Provider Request Inquiry
 - a. Select **Role** = LTC Referral Specialist and click **Go**
 - b. Click the **Providers** Chapter
 - c. In Search box enter name of Provider and click **Search**
 - d. From List of Providers, choose provider who is requesting access to Consumer
 - e. On the **File** menu, select **Add Inquiry**
 - f. Set Program Queue = 'LTC Facility'
 - g. Division defaults to 'IR'
 - h. Inquiry Type defaults to 'Provider Request'
 - i. Inquiry Method defaults to 'Harmony' (other options needed: DSM, Fax, Mail)

Inquiry	
Entry Date *	07/06/2017
Entry Time *	06:01 AM
Inquiry Date *	07/06/2017
Inquiry Time	06:01 AM
Inquiry Type *	Provider Request ▼
Inquiry Method	▼
Staff Conducting Inquiry *	Chambliss, Pam
Inquiry Status *	Draft ▼
Division	IR ▼
Description	<div></div>
Program Queue *	▼
Follow Up Required	<input type="checkbox"/>

[Adding Inquiry details](#)



Best Practices

Complete data entry on each screen from top to bottom in Harmony.

- j. On the **File** menu, select **Save Inquiry**



Tip

A message is displayed that the save was successful upon completion of data entry. Always click **OK** to close the message.

- k. Add Person Seeking Supports
1. Click on the **Participants** subpage
 2. On the **Add Participants** menu, select **Person Seeking Supports Participant**



Selecting Add Participant menu and selecting Person Seeking Supports Participant

- I. Add Person Seeking Supports Details
- II. On the **File** menu, select **Save Person Seeking Supports**
- III. Update Home Address
 - a. Click the Addresses subpage
 - b. Select Address from the list view

— 1 Addresses record(s) returned - now viewing 1 through 1 —

Street	City	State	Zip Code	Borough
7676 Ashley Avenue	Anchorage	Alaska	99501	Municipality of Anchorage

Address in list view

- c. Set Address Type = 'Residence Address'

Address	
Address Type *	Residence Address ▼

Address Type

- d. On the **File** Menu, select **Save and Close Address**
- IV. Add Temporary Address
 - a. On the **File** menu, select **Add Address**
 - b. Set Address Type = 'Temporary Address'
 - c. Set Address Category = 'Current'
 - d. Complete 'Street,' 'City,' 'State' and 'Zip Code' fields

Address	
Address Type *	Temporary Address ▼
Address Category	Current ▼
Primary	<input type="checkbox"/>
Street	7676 Ashley Avenue
Street2	
City	Anchorage
State	Alaska ▼
Zip Code	99501
Postal Code	
Borough	Municipality of Anchorage ▼
Start Date	06/28/2017
End Date	

Temporary Address

- e. On the **File** Menu, select **Save and Close Address**
- V. Add Identifiers (For Medicaid Recipients only) (optional step)
 - a. Click the **Identifiers** subpage
 - b. On the **File** menu, select **Add Identifiers**
 - c. Set Identifier Type = 'Medicaid'
 - d. Set Identifier Number = Medicaid #
 - e. Add Comment = Medicaid Subtype (optional)
 - f. Add Start Date = 'Month/Year of Eligibility'

Identifier	
Identifier Type *	Medicaid ▼
Identifier Number *	000252465412
Active	<input checked="" type="checkbox"/>
Start Date	01/01/2010
End Date	
Comments	Medicaid Subtype
Display	<input type="checkbox"/>
Primary	<input type="checkbox"/>

Identifier details

- g. On the **File** menu, select **Save and Close Identifier**
- h. On the **File** menu, select **Close Identifiers**
- I. Add Power of Attorney/Surrogate Decision Maker/Guardian as Other Participant (optional step)
 - I. Click on the **Participants** subpage

- II. On the **Add Participants** menu, select **Add Additional Contacts Participant**
 - III. Add Contact Person Details
 - IV. Select Relationship to Person Seeking Supports to identify the decision-making authority
 - V. On the **File** menu, select **Save Person Seeking Supports**
- m. Add Name of Proposed Admitting Facility in Referral (Nursing Facility) (only if they are going to a different facility than the agency that the referral specialist is a worker for)
1. Click the **Referrals** subpage
 2. On the **File** menu, select **Search Referral**
 3. Enter name of the Proposed Admitting Facility, select **Search**

Proposed Admitting Facility search

4. From the Referral list, Place check in checkbox under the **Save Referral** column next to name of facility

9 Resource Search record(s) returned - now viewing 1 through 9

Resource Type	Agency Name ▲	Address Information	Save Ref
Provider	Aspire Belmont Care Ctr - 5th Street	Aspire 5th Street 6150 South 5th Street Pocatello ID 83204	<input checked="" type="checkbox"/>
Provider	Aspire Belmont Care Ctr - Vaughn Str	3625 Vaughn Street Pocatello ID 83204	<input type="checkbox"/>
Provider	Aspire Human Services - Fieldstone	2774 North Old Stone Way Meridian ID 83642	<input type="checkbox"/>
Provider	Aspire Human Services - Sunset	7591 Birch Lane Nampa ID 83642	<input type="checkbox"/>
Provider	Aspire Human Services- Cougar Creek	1230 East Cougar Creek Aspire Human Services, LLC Meridian ID 83642	<input type="checkbox"/>
Provider	Aspire Human Services Inc	901 N Monroe St Ste 200 Spokane WA 99201	<input type="checkbox"/>
Provider	Aspire Human Services- Milliken	7904 Arlington Drive Nampa ID 83686	<input type="checkbox"/>
Provider	Aspire Human Services-Springfield	3335 Springfield Rd. Idaho Falls ID 83402	<input type="checkbox"/>
Provider	Aspire Sunnybrook	3245 Sunnybrook Lane Idaho Falls ID 83402	<input type="checkbox"/>

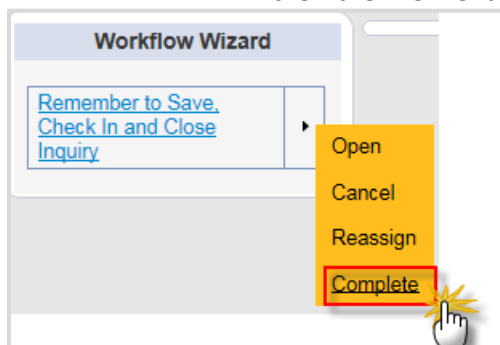
Referral list and Save Referral checkbox

5. On the **File** menu, select **Save and Close Resource Search**
- n. Submit Provider Request Inquiry to SDS
1. Click the **Inquiry** subpage
 2. Set Inquiry Status = 'Pending'
 3. On the **File** menu, select **Save, Check-In and Close Inquiry**

**Key Point**

Setting the Inquiry Status to Pending fires a workflow wizard for the LTC Referral Specialist to Save, Check-In and Close Inquiry to handoff to the SDS Program Assistant to review the inquiry.

4. Workflow Wizard window opens (Remember to Save, Check in and Close Inquiry)
5. Click the flyout next to the tickler and click **Complete**
6. On the File menu, select **Close Workflow Wizard**



Workflow Wizard (Remember to Save, Check-In and Close Inquiry) and selecting Complete from flyout menu



SDS Staff Reviews and Approves Inquiry

SDS Staff will review the Inquiry for completeness and send note to the LTC Referral Specialist with a note type Access to Consumer, sub-type Approved or Denied

Chapter 4 | LTC Reauthorization – Change of Facility

Learning Objectives for Chapter 4 LTC Facility Application

- ✓ Access the Consumer Record
- ✓ Complete the PASRR Level I
- ✓ Complete the LTC Authorization Request
- ✓ Complete the PASRR Level I – State version
- ✓ Complete the LTC Authorization Request – State version
- ✓ Request the PASRR Level II

LTC Referral Specialist Submits LTC Application for New Consumer

1. LTC Referral Specialist – Monitors My Harmony for Consumer Access decisions from SDS
 - a. Select **Role** = LTC Referral Specialist and click **Go**
 - b. On the **My Harmony** home page, in the **Consumer** column, under the **Notes** header, click **Complete** item to open the list in a new window
 - c. From the Notes list, select Note Type = **Access to Consumer Record**
 - i. Review note for name of Consumer and Note Type = Access to Consumer Record

Consumer ▲	Note Type	Note Date	Note Sub Type	Status
Rogers, Princeton	Access to Consumer Record	07/07/2017	Approved	Complete

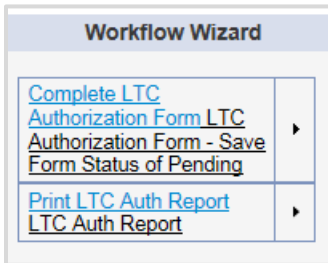
Sending Note to LTC Referral Specialist

File Tools	
Notes	Note Details
Notes Recipients	<div>Division *</div> <div>SDS</div> <div>Note By *</div> <div>Chambliss, Pam</div> <div>Note Date *</div> <div>07/07/2017</div> <div>Program</div> <div></div> <div>Note Type *</div> <div>Access to Consumer Record *</div> <div>Note Sub-Type</div> <div>Approved</div> <div>Description</div> <div></div> <div>Note</div> <div></div> <div>Due Date</div> <div></div> <div>Status *</div> <div>Complete</div> <div>Date Completed</div> <div>07/07/2017</div>

Notes screen: Note Type = Access to Consumer Record

2. LTC Referral Specialist – Accesses the Consumer record and Completes the LTC Application

- a. Click the **Consumers** Chapter
- b. Enter the last name of the Consumer in the Quick Search and click **Go**
- c. From the Quick Search list, select the Consumer
- d. Complete PASRR Level I Form
 - i. Navigate to **Forms** tab
 - ii. On the File menu, click **Add Forms**
 - iii. Division Defaults = SDS
 - iv. Set Cycle = Initial
 - v. Set Program = LTC Facility
 - vi. Set Please Select Type = PASRR Level 1
 - vii. Complete all fields in Form
 - viii. Set Status = Complete
 - ix. On File menu, click Save and Close Forms
 - a. *If PASRR Level I has Payment Source = **Medicaid***
 - i. Workflow Wizard window opens



LTC Authorization Request Workflow Wizard

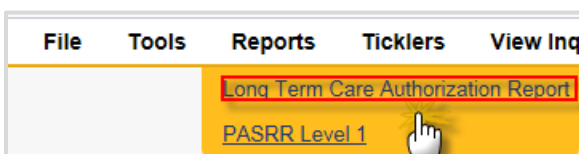
ii. Click on tickler 'Complete LTC Authorization Form'

1. Set Cycle = 'Initial'
2. Set Status = 'Complete'
3. Division Defaults = 'SDS'
4. Set Program = 'LTC Facility'
5. Complete LTC Authorization - External form
6. On the **File** menu, select **Save Forms**

LTC Authorization External

iii. Print LTC Auth Report

1. Choose arrow to right of tickler 'Print LTC Auth Report' and choose 'View Consumers Record'
2. Click **Forms** tab
3. On the **Reports** tab, select **Long Term Care Authorization Report**




- On the Toolbar, click the Export drop down menu (disk icon) and click **PDF** to export the report to PDF

HTML Export

1 of 5 Find Next

Long Term Care Authorization Report

 **State of Alaska • Department of Health and Social Services**

This form may be completed by hospital discharge staff or a person responsible for initial admission, or by LTC facility staff if individual is already a resident. The information provided must be accurate and complete. Senior and Disabilities Services (SDS) cannot process incomplete forms. SDS uses the information on this form to comply with LTC placement and payment determinations. All information requested on this form is required.

Section 1: Identifying Information

Name of Individual Test, Test AniTestOfMobileAssessment		Alaska Native/American Indian Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
DOB: 01/10/1962	Medicaid #: 1234567890a	Address (Street, City, Zip): 111 1st Avenue Anchorage, AK 99501	Telephone Number: (888)555-1212
Name of Individual's referring provider:	Does Referring Provider Work for a Tribal Health Organization Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of THO:

Applicant	Resident
<input checked="" type="checkbox"/> New Admission <input type="checkbox"/> Inter-Facility Transfer (from one facility to another) <input type="checkbox"/> Retroactive Medicaid (was initially admitted under alternative payment source and now has Medicaid) Date of Discharge or DOD (if applicable):	<input type="checkbox"/> Continued Placement <input type="checkbox"/> Significant Change (Resident Review) <input type="checkbox"/> Condition Improvement – LOC from SNF to ICF <input type="checkbox"/> Condition Decline – LOC from ICF to SNF <input type="checkbox"/> New Diagnosis

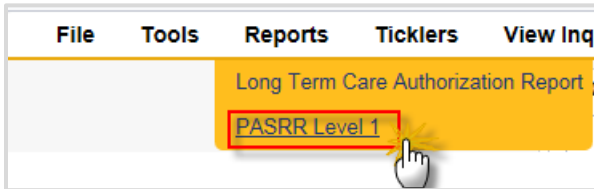
LTC Auth Report

- On the popup window, click Open

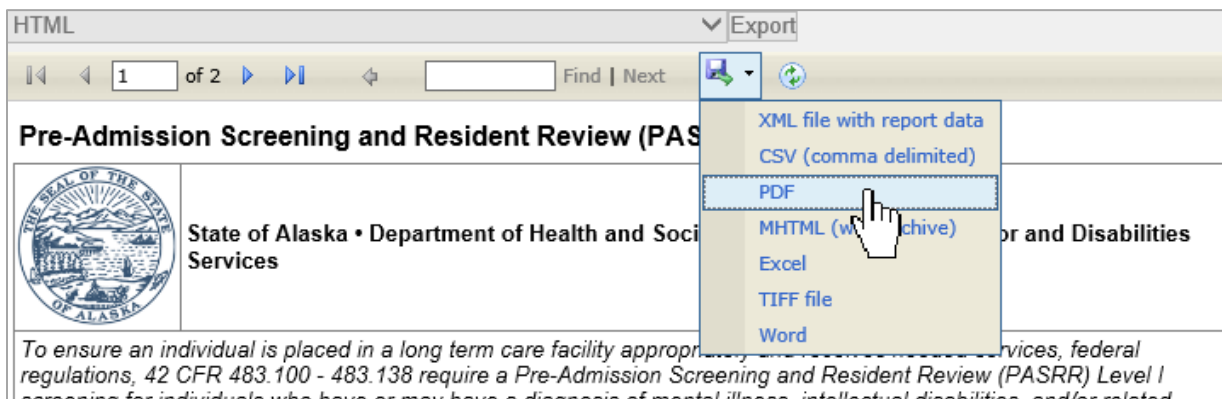
Do you want to open or save **rp_custom_LongTermCareAuthorizationReport.pdf** from **fw5.harmonyis.net**? ×

Open Save Cancel

6. The report will open as a PDF
7. On the File menu, click on 'Print'
8. Close Report
9. On File menu, click Close Forms
- iv. Complete LTC Auth Ticklers
 1. Click flyout next to tickler 'Print LTC Auth Report' and select **Complete**
 2. On the **File** menu, select **Close Workflow Wizard**
- e. Print PASRR Level I Report
 - i. On the Reports menu, select PASRR Level I



- ii. On the Toolbar, click the Export drop down menu (disk icon) and click PDF to export the report to PDF



- iii. On the popup window, click **Open**
- iv. The report will open as a PDF
- v. On the **File** menu, click on 'Print'
- vi. Close Report
- vii. On **File** menu, click **Close Forms**
3. LTC Referral Specialist - Obtain Signature for PASRR Level I (*outside Harmony*)
4. LTC Referral Specialist - Scans the signed PASRR Level I to local or shared drive (*outside Harmony*)
5. LTC Referral Specialist – Sends signed PASRR Level I (and LTC Auth Request – *if required*) to SDS
 - a. Select **Role** = LTC Referral Specialist and click **Go**
 - b. Click the **Consumers** Chapter
 - c. Enter the last name of the Consumer in the Quick Search and click **Go**
 - d. From the Quick Search list, select the Consumer
 - e. Attach the PASRR Level I (and LTC Auth Request – *if required*)
 - i. Navigate to **Notes** tab
 - ii. On **File** menu, click **Add Notes**
 - iii. Set Division = 'SDS'

- iv. Set Program = 'LTC Facility'
- v. Set Note Type = 'Long Term Care Authorization'
- vi. Note Sub-Type = 'PASRR/Initial Authorization – Submitted' OR 'PASRR Non-Medicaid – Submitted' *(depending on payment source)*
- vii. Set Status = 'Pending'
- viii. Attach signed PASRR Level I Report and Set Attachment Category = C-Medical Information
- ix. Attach all required documentation and Set Attachment Category = C-Medical Information *(if required)*
- x. On the **File** menu click **Save and Close Notes** *(sends Tickler to SDS LTC Staff to Review Application)*

SDS LTC Staff – Reviews LTC Application



SDS Staff Reviews and Approves Application

- If the Consumer's payment source is not Medicaid, then the SDS Staff will review the PASRR Level 1 (only) and notify the LTC Referral Specialist of the outcome via a Note and Tickler in Harmony
- If the Consumer's payment source is Medicaid, then the SDS Staff will review both the PASRR Level 1 and the LTC Auth Request. SDS Staff will notify the LTC Referral Specialist of Approval of the Auth via a note with the attached signed authorization and/or PASRR and a Tickler in Harmony
- Regardless of payment source, if the Consumer requires a PASRR Level 2 the SDS Staff will notify the Consumer/Legal Rep outside of Harmony and the LTC Referral Specialist via a note and tickler in Harmony



Key Point

If the Application is Incomplete, SDS LTC Staff will create one of the following Notes:

1. PASRR Non-Medicaid – Incomplete
2. PASRR/Initial Authorization – Incomplete

In addition, the LTC Referral Specialist will receive one of the following ticklers

1. PASRR Submission Incomplete
2. PASRR/Initial Auth Submission Incomplete